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APPLICANTS

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** CONTINUING DATA ****

This application is a CIP of 10/640,598 08/12/2003 *YK*

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/12/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	CA	DRAWING 18	CLAIMS 29	CLAIMS 5
Verified and Acknowledged	<i>Henry Vicon</i> <i>UV</i> Examiner's Signature Initials				

ADDRESS

32605
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TITLE

Method and apparatus for transplanting a hair graft

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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